

# STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

OCT 25 2017

#### PLEASE PRINT

I. Name of Lobbyist(s)	NEW HAMPSHI Lisa K. Shapiro, Ph.D.; Paul A. Worsowicz; Heidi L. Kroll; Eriberaka Ment of Sara K. Bosiak			
II. Name of Lobbyist's p	partnership, firm or corporation, if	any:		
603-228-11		et, Concord, NH 0330		
(Telephon			(Email)	
	rs: (Choose one – file separate repo sactions which are not attributable t		R you may file a separate report for	
X All reportable tran	nsactions occurring in the month prior	to the reporting date re	lative to the following client.	
	NORTHEAST REHABILIT			
-	(Full Name of Client as it appears on	the Lobbyist Registrati	ion Form)	
All reportable train unrelated to any p		e lobbyist's family), or	the lobbying firm listed below which are	
IV. Date of Report:	April 26, 2017 □	J	fuly 26, 2017 🔲	
_	vity from date of registration to 3/31/1		om 4/1/17 to 6/30/17	
•	October 25, 2017 🗵	J	anuary 24, 2018 🏻	
ac	tivity from 7/1/17 to 9/30/17		om 10/1/17 to 12/31/17	
V. There have been no to If this box is checked, concord, NH 03301.	fees received and no reportable tran implete just this form and submit it to the	sactions made since the Secretary of State's	ne last report. Office, State House, Room 204,	
VI. Check if additional  If you have receive	l reports are attached: ved fees or made expenditures, you mu	ust file <b>Addendum A</b> –	Fees and Expenses	
If you have paid a	an honorarium or reimbursed expenses rsement or your family has made political con		<ul> <li>dum B – Report of Honorariums or</li> <li>e Addendum C – Political Contributions</li> </ul>	
Sworn Statement/Affirm I have read RSA 15, RSA to the best of my knowled	A 15-B and RSA 664 and hereby swear	r or affirm that the fore	going information is true and complete	
AKER	~ <del>`</del>	10 -	(Date)	
(Signature of Lobbyist)			(Date)	
Lisa K. Shapiro. Ph.D.				
Lisa K. Shapiro, Ph.D.	\	<del>_</del>		



#### STATE OF NEW HAMPSHIRE Lobbyists Fees and Expenses Addendum A

#### (RSA Chapter 15:6)

I. Name of Lobbyist(s	Lisa K. Shapiro, Ph.D.; Paul A. Worsowicz; H K. Bosiak	eidi L. K	roll; Erik W	. Taylor; Sara
II. Name of lobbyist's	partnership, firm or corporation, if any:			
	GALLAGHER, CALLAHAN & GARTRE	LL, P.C.		
	(Name of partnership, firm or corporati	on)		
III. Name of Client	NORTHEAST REHABILITATION HEALTH NETWORK	Date	October 25	5, 2017
lobbying, including fee	ant of all fees received from the client identified above s for services such as public advocacy, government rela nitoring legislation, and related legal work. The gross to	ations, or	public relation	ons services,
a) Total of all fees rece	eived in this reporting period		a) \$	15,000.00
b) Total of all fees reco (This should equal	eived this calendar year, prior to this reporting period. the total prior monthly reports for this calendar year.)		b) \$	30,250.00
c) Total of all fees reco (Add lines a and b)	eived to date.		c) \$	45,250.00
d) Indicate the amount yet been paid.	of any such fees that are due, but have not		d) \$	00
fees. Separate reports lobbyist(s)/firm that ar are to be reported in or reporting period for s expenses where the exthe cost was \$25.00 or purchase of a ceremon statement of each indiscovered by (a) (for exagiven to the subject of legislative reception).	partnerships, firms, or corporations are required to rare to be filed for expenditures made relative to each of the unrelated to any one client a separate report may be one of three categories of expenses: (a) the aggregalaries, benefits, support staff, and office expenses; penditure was of \$25.00 or less (for example: meals performed to a person being lobbied with a value vidual expenditure made during this reporting period of ample: purchase of a meal with value of greater than \$10 to ample: purchase of a meal with value of greater than \$10 to ample than \$10 to	elient and filed for ate total (b) the appurchased that is give e of \$25.0 f greater (25, purch eater than	the lobbyist( of all expensing a lust of the lobbyist) of all expensing a lust of the per to the per to the per to the per to a lust of a cereing a cereing series and the series series are the lobby of the lust	es are made by the sylfirm. Expenses es paid during the lof all individua siness lunch where son being lobbied and (c) an itemized or any purpose no monial object to be ant expenses for as
b) Total aggregate of in a), of \$25 or less.	penses for this reporting period for salaries, benefits, the expenses, related directly or indirectly to lobbying.  expenditures during this reporting period, not reported	a) b)	\$	.00
c) Total of all itemize	d expenditures reported in detail in section VI.			

d) Total expenses for this reporting period.  (Add lines a, b and c.)	d) \$	15,000.00
e) Total of expenses paid this calendar year, prior to this reporting period.  (This should be the amount on line f of addendum A for last month's report.)	e)\$	30,250.00
f) Total of all expenses year to date.	f) \$	45,250.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lobbying period, including by whom paid or to whom charged.	fees during this	reporting
Paid to:		ount
	\$	
		*****
	\$	
	\$	
	\$	
Sworn Statement/Affirmation by Lobbyist  I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that t is true and complete to the best of my knowledge and belief.	the foregoing in	nformation
A65.	10-25 (Date)	17
(Signature of lobbyist)	(Date)	
Lisa K. Shapiro, Ph.D.  (Print Name of Lobbyist)		

Lobbyist Fees & Expenses, Addendum A – Page 2 Client: NORTHEAST REHABILITATION HEALTH NETWORK

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Swarn Statement/Affirmation by Labbyist

Statement of Income and Expenses for:				
Name of Lobbying part	nership, firm or corpor	ation: GALLAGHER, CAI	LLAHAN & GARTRELL, P.C.	
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client):  Northeast Rehabilitation Health Network				
Date of Report (check o	one):			
April 26, 2017 🗆	July 26, 2017 🗆	October 25, 2017 🔀	January 24, 2018 □	
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):				
1 Addendum A(s).				
0 Addendum B(s).				
0 Addendum C(s).				
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.				
Taul a	Vorsowiej	-	16-23-17 (Date)	
Signature of Lobbyist	) /		(Date)	
Paul A. Worsowicz (Print Name of lobbyi	st)			
(1 THE FAULE OF 1000)	067			

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirmation by Lobbyist

(Print Name of lobbyist)

	ne and Expenses for:			
Name of Lobbying p	partnership, firm or corpor	ration: GALLAGHER, CAL	LAHAN & GARTRELL, P.C.	
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client):  Northeast Rehabilitation Health Network				
Date of Report (che	ck one):			
April 26, 2017 🏻	July 26, 2017 □	October 25, 2017 🔀	January 24, 2018 □	
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):				
1 Addendum A(s	s).			
0 Addendum B(s	s).			
0 Addendum C(s	s).			
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.				
Huli 2. K			(0-23-17	
(Signature of Lobby	yist)		(Date)	
Heidi L. Kroll				

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:				
Name of Lobbying part	nership, firm or corporat	tion: GALLAGHER, CALI	AHAN & GARTRELL, P.C.	
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client):  Northeast Rehabilitation Health Network				
Date of Report (check	one):			
April 26, 2017 □	July 26, 2017 □	October 25, 2017 🔀	January 24, 2018 □	
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):				
1 Addendum A(s).				
0 Addendum B(s).				
0 Addendum C(s).				
I hereby swear or affir complete to the best of	m that the foregoing info f my knowledge and beli	ormation on the Statement an ef.	d each Addendum is true and	
(Signature of Lobbyis	- Jayl		(Date)	
, -	.,			
Erik W. Taylor (Print Name of lobby	/ist)			

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirmation by Lobbyist

Statement of Income and Expenses for:				
Name of Lobbying partnership, firm or corporation: GALLAGHER, CALLAHAN & GARTRELL, P.C.				
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client):  Northeast Rehabilitation Health Network				
Date of Report (chec	ck one):			
April 26, 2017 🗆	July 26, 2017 🗆	October 25, 2017 🔀	January 24, 2018 □	
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):				
1 Addendum A(s	s).			
0 Addendum B(s	8).			
0 Addendum C(s).				
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.				
Sara K.	Buill		10/20/17	
(Signature of Lobby	yist)		(Date)	
Sara K. Bosiak (Print Name of lob	byist)			